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SHARP SHARP LABORATORIES OF AMERICA, INC.

SHARP LABORATORIES OF AMERICA, INC 5750 NW Pacific Rim Blvd. Camas, WA 98607

Date:	December 12, 2007			
To:	Commissioner for Patents			
Phone:	·			
Fax:	(571) 273-8300 (Centralized Fax)			
Subject:	In re Application of: Edward M. Sugiyama			
	Application No.: 10/789,286 Filing Date: February 26, 2004			
	Examiner: Daniel D. Abebe GAU: 2626			
	·			
From:	David C. Ripma, Patent Counsel			
Phone:	(360) 834-8754			
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Ref. No.:	SLA1458			
Number of pages, including cover sheet: 10				

REMARKS;					
\boxtimes	For entry into record of above-identified application		For discussion purposes only - <u>do not enter</u> into record of above-identified application		
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FORM		First Named Inventor	Edward M	esami Sügiyems	
		Art Unit	2626		
6. 1	P-4-0P	Examiner Name	Daniel D.	Abebe	
(to be used for all correspondence after init	ai πiing)	Attorney Docket Number	SLA1458		
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After Final		Petition to Convert to a Provisional Application		Prop	rietary Information
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Affidavits/declaration(s)		Change of Correspondence A	ddress		s Letter r Enclosure(s) (please Identify
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Firm Name Sharp Laboratories of A	merica, inc.	\cap			
Signature	1	Val		• .	-
Printed name David C. Ripma, Patent	Counsel	11 . (,	* · · · · · · · · · · · · · · · · · · ·	
Date December 12; 2007		V 2º	7572	27,672	
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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to proceas) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form end/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Fee Paid (\$)

Fees Paid (5)

Approved for use through 06/30/2010. OMB 0651-0032 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/789,286 Filing Date February 26, 2004 For FY 2008 First Named Inventor Edward Masami Sugiyama Examiner Name Daniel D. Abebe Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2626 TOTAL AMOUNT OF PAYMENT (\$) **SLA1458** Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check | None Credit Card JMoney Order Other (please identify): ✓ Deposit Account Deposit Account Number: 191457 Deposit Account Name: Sharp Laboratories For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) **√** Credit any overpayments under 37 CFR 1.18 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity Small Entity** Small Entity Fees Paid (\$) Fee (\$) Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 310 210 Utility 155 510 255 105 Design 210 105 100 50 130 65 Plant 210 105 310 155 160 80 310 620 Reissue 155 510 255 310 210 0 105 0 0 Provisional n Small Entity **EXCESS CLAIM FEES** Fee (\$) Fee Description Fee (\$) 50 25 Each claim over 20 (including Reissues) 210 105 Each independent claim over 3 (including Reissues) Multiple dependent claims 370 185 Multiple Dependent Claims Total Claims Extra Claims <u>Fee (\$)</u> Fee Paid (\$) Fee Pald (\$) - 20 or HP = Fee (\$) HP = highest number of total claims paid for, if greater than 20. Extra Claims Fee Paid (\$) indep. Claims Fee (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s) Number of each additional 50 or fraction thereof

SUBMITTED BY	1//		
Signature	10 mm	Registration No. 27,672 (Attorney/Agent)	Telephone 360-834-8754
Name (Print/Type) David C. Ripma	a, Patent Counsel		Date December 12, 2007

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